

ICC PLAN REVIEW SERVICES TRANSMITTAL FORM

Birmingham District Office 900 Montclair Road Birmingham, AL 35213 Chicago District Office 4051 W. Flossmoor Road Country Club Hills, IL 60478

FROM*	REQUESTED BY (INDIVIDUAL'S NAME)	CICNATURE
	REQUESTED BY (INDIVIDUAL 5 NAME)	SIGNATURE
	JURISDICTION OR FIRM	TELEPHONE NUMBER (INCLUDING AREA CODE)
	STREET ADDRESS (NO P.O. BOXES)	FAX NUMBER
	CITY STATE ZIP	EMAIL ADDRESS
	ICC MEMBERSHIP NUMBER (WILL BE VERIFIED)	
*Plan Rev	iew fee will be invoiced to the above named person u	nless otherwise specifically requested and authorized in writing.
	,	
PROJEC	CT NAME (AS SHOWN ON THE PLANS)	
PROJEC	T ADDRESS	
Please cl	heck where applicable	
	() COMPLETE REVIEW (Includes Building	g, Mechanical, Plumbing and Electrical)
	() PRELIMINARY BUILDING REVIEW	CODE YEAR
	() BUILDING REVIEW	CODE YEAR
	() MECHANICAL REVIEW	CODE YEAR
	() PLUMBING REVIEW	CODE YEAR
	() ELECTRICAL REVIEW	CODE YEAR
	() SPRINKLER REVIEW	CODE YEAR
	() ENERGY REVIEW	CODE YEAR
	() ACCESSIBILITY REVIEW	CODE YEAR

Note: Be sure to indicate the applicable International (ICC) or legacy code.

If you have any questions, do not hesitate to call International Code Council at 1-888-ICC-SAFE (422-7233), ext. 33809.